

Bry
1314



125

3199

CIRCULAR

FROM THE STATE BOARD OF HEALTH

TO THE

Boards of Trustees and Local Boards of Health of
Incorporated Cities and Towns,

WITH

EXTRACTS FROM THE POLITICAL CODE.

State Board of Health.

—o—o—

Sacramento, Cal., January 21st, 1884.

To the Honorable Board of Trustees or, the Health Officer of

Gentlemen: The object of the following questions has been explained in the accompanying circular. Will you kindly answer and forward the same to the Secretary of the State Board of Health, at Sacramento, at your earliest convenience:

1. Has a Board of Health been established in your city (or town)? Ans.-----
2. Is the Board organized under Chapter II, Article V, Section 3061 of the Political Code, approved March 19th, 1878, or under the provisions of the city (or town) charter? Ans.-----

3. How is the Board constituted? Ans.-----

4. Are meetings of the Board regularly held? Ans.-----
If so, how often? Ans.-----
5. Has a Health Officer been appointed? Ans.-----
6. Have health ordinances been adopted, and are they enforced, looking to the improvement or preservation of the sanitary condition of your city (or town)—such as the cleansing of privies, vaults, and other foul places? Ans.-----

7. Have you an established system of drainage and sewerage? Ans.-----

8. To what extent are privies and cesspools used ? Ans.....
9. Have water-closets been generally or at all introduced ? Ans.....
10. Is the water supply adequate to the effectual flushing of the drains ? Ans.....
11. Does the location of your city (or town) admit of a reasonably efficient sewerage system ? Ans.....
12. From what source is your water supply derived ? Ans.....
13. What is the character of the water ? Ans.....
14. Have reports been made by your Board of Health to the State Board, as required by Section 3061 of the State law, of *deaths* and epidemic contagious, or infectious diseases ? Ans.....
15. Has your Board of Health adopted any ordinance requiring a certificate of death to be filed, and a burial permit to be obtained, before the interment of a deceased person shall be allowed ? Or is there any such ordinance now in force in your city (or town) ? Ans.....
16. What is the present estimated population of your city (or town) ? Ans.....

Respectfully submitted for the State Board of Health.

F. W. HATCH, M. D.,

Permanent Secretary.

CIRCULAR.

To the honorable Board of Trustees or Council of

GENTLEMEN: On a previous occasion a communication was addressed to your honorable Board from the State Board of Health, calling attention to the provisions of Section 3061 of Article V, Chapter II, of the Political Code of the State of California, requiring the establishment of a Board of Health in "every incorporated town and city in this State." To what extent this law has been observed is not clearly known by the State Board of Health, inasmuch as, except in a few instances, no information has been received by the latter of the action taken by the Board of Trustees of the several cities and towns. The State Board of Health desire to obtain this information, and at the same time to direct your attention to certain reasons why the observance of the law is considered urgently important.

The statute providing for the organization of the State Board of Health makes it one of their duties to "place themselves in communication with the local Boards of Health throughout the State." This the State Board are desirous of doing, to the end that, as an "Advisory Board," they may be able to render any assistance or give advice in emergencies liable to arise in any locality, and at the same time may themselves be kept regularly informed of matters relating to the sanitary condition of different sections of the State. The relation thus established between the State Board of Health and the local Boards is an important one, involving mutual responsibilities, and imposing reciprocal duties. To the discharge of the obligations resting upon the former, the failure of the latter to convey the necessary information of their organization in so many instances, and the neglect of the Boards of Trustees of some of the cities and towns to establish any local Health Board, have proved serious obstacles. Wherever the fact of the creation of a local Board has been made known, the State Board have endeavored to "place themselves in communication" therewith, by the distribution of tracts and circulars upon sanitary subjects, and by personally, through one or more of its members, visiting localities threatened or invaded by epidemic disease. These are regarded by them as among their most important duties, and only by their faithful discharge can their organization be made effective for the greatest good. Yet, in the absence of any information touching the sanitary condition of localities, how can the full measure of their responsibilities be fulfilled?

The necessity of maintaining a Board of Health in every city and town is often too lightly regarded by the public. At a time when gen-

eral health prevails in a community, the thoughts of men are not commonly turned towards preparation for disease. "Sufficient unto the day is the evil thereof"—a doctrine which, however wise it may be in some of the affairs of life, has often been productive of the most lamentable consequences. When the enemy is at the gate there is little time for measures of defense; when epidemic disease appears snatching our loved ones from the family circle, and spreading dismay over hearts unused to fear, is an inauspicious time for preparation to expel the destroyer. What is done in a hurry is seldom well done. Better far to maintain the proper organization at all times, and to seek to remove, in anticipation, the causes more or less prevalent in every community, which invite disease. This it is made the duty of a local Board of Health to do: To "supervise all matters pertaining to the sanitary condition of their town or city, and to make such rules and regulations relative thereto as are necessary and proper, and not contrary to law."

The clause of the law just above quoted is comprehensive, and was designed to cover every possible emergency which might arise in any locality. It embraces measures of general sanitation, the cleaning of foul places, the removal of nuisances, the regulation of sewers, drains, vaults, and cesspools, and the adoption of means to prevent the spread of contagious disease by isolation, disinfection, or otherwise, as the wisdom of the Board may determine. And to provide for extreme necessity, it further empowers the Trustees to adopt any portion of Articles III and IV of the same Chapter, embracing the more comprehensive health laws of San Francisco and Sacramento. Among these may be found the following provisions:

SEC. 3025. No person shall deposit in any cemetery, or inter in this city * * * any human body without first having obtained, and filed with the Health Officer, a certificate signed by a physician or midwife, or a Coroner, setting forth as near as possible, the name, age, color, sex, place of birth, occupation, date, locality, and the cause of death of deceased, and obtain from such Health Officer a permit. * * * Physicians, when deaths occur in their practice, must give the certificate herein mentioned.

Again:

SEC. 3034. Every physician in the city * * * shall report to the Health Officer, in writing, every patient he shall have laboring under Asiatic cholera, varioloid, diphtheria, or scarlatina, immediately thereafter, and report to the same officer every case of death from such diseases, immediately after it shall have occurred.

SEC. 3045. The Board of Health may locate and establish pest houses, and cause to be removed thereto, and kept, any person having a contagious or infectious disease; may discontinue the same, and make such rules and regulations regarding the conduct of the same as are needful.

These are a few of the rules which may be adopted by Boards of Trustees for the guidance of Boards of Health. Their importance in the interest of the public health will be self-evident.

The statute requiring the formation of Boards of Health in incorporated cities and towns, makes it the further duty of each Board to "report to the Secretary of the State Board of Health, at Sacramento, at such times as the State Board of Health may require:

"a. The sanitary condition of their locality.

"b. The number of deaths, with the causes of each, as near as can be ascertained, within their jurisdiction, during the preceding month.

"c. The presence of epidemic or other dangerous, contagious, or infectious disease, and such other matters within their knowledge or jurisdiction as the State Board may require."

Whenever the State Board of Health has been informed of the organization of a local Health Board in any town or city the Secretary has invited and solicited reports covering the subjects just cited, blank forms for returns of deaths, and for reports of prevalent diseases, embracing mainly such as are liable to assume an epidemic form and are commonly considered preventable, have been offered and sent. The responses to these invitations have been few; so few that the State Board of Health have been compelled, in order to obtain the information required, to rely upon the kindness of members of the medical profession in a number of towns, who have generously volunteered their services for the purpose. The reports thus received are valuable monthly contributions to the sanitary history of the State, but embrace only a comparatively few localities. They should be greatly multiplied, and this can in no way be so effectually accomplished as through local Health Boards, organized and maintained upon an active working basis, in every incorporated town or city in the State. Without the aid of the latter, full and early information can seldom be obtained by the State Board of the prevalence of "epidemics or other dangerous, contagious, or infectious diseases," as called for by subdivision "c" of the law as above quoted. Monthly reports upon this subject may, under ordinary circumstances, prove sufficient, but the diseases embraced under this title are often sudden in their localization in a community; they are liable to be introduced when least expected, and may call for prompt and energetic measures of protection.

In all such cases, not only should the local Health Board be provided with the facilities for an early knowledge of the fact, but the State Board should be at once informed, in order that it may render such assistance and advice as the occasion may require.

That epidemics may be averted by the adoption and enforcement of timely and judicious measures of prevention, it would not be difficult to demonstrate. Their germs cannot live and bear fruit in an inhospitable soil. As wheat perishes from drought, so the living principle by which epidemic disease is propagated often dies out when deprived of the nourishment afforded by insanitary conditions. But the latter are essentially under the control of human agency. A single case of smallpox introduced into a community, left to itself, will multiply indefinitely among the unprotected; but the timely application of vaccination will confine it to its original limits—strangle it in the home of its birth. The same may be assumed, and abundant evidence has demonstrated the fact, of other similar diseases, as scarlatina and diphtheria, by isolation and disinfection. Hence the importance of an active Board of Health to which the occurrence of the first case may be communicated, and under whose authority vigorous measures of prevention may be pursued. Such measures should never be left to irresponsible individual application. They should be systematically and intelligently conducted by the Board of Health, or, by their authority, through their executive—the Health Officer—responsible to the appointing power for faithful service. It cannot be too strongly or too frequently repeated that success in any effort to repress epidemics of contagious or infectious disease will depend upon the promptness with which the first cases are reported and restrictive action commenced, and the intelligence and efficiency with which preventive measures are applied.

To this end the Health Officer should be an educated physician,

interested in sanitary matters and well informed in sanitary methods. There is work enough in any community to occupy a wide-awake and appreciative Health Officer for a considerable portion of his time. The great mass of the public are negligent of sanitary concerns. Filth accumulates in public and private places, privies and cesspools become foul and offensive, drains choked up, leaking, or otherwise defective; wells are thoughtlessly located so as to receive by percolation the contents of privy pits and vaults, the soil itself becomes polluted by steady and uninterrupted accessions from these and other sources, and, in turn, pollutes the air which rises therefrom into the dwellings of the people—all these are recognized causes of disease and constitute subjects to which the attention of the sanitarian may be profitably directed. Thus, to a great extent, the amount of preventable sickness prevailing in a community becomes, under ordinary circumstances, the measure of the interest taken in local sanitation.

But, in addition to these general duties, the law requires the Health Officer, or the Board of Health represented by him, to make reports to the State Board of Health, as already explained, at such times as the latter may direct, of deaths and of contagious or infectious diseases occurring within his jurisdiction.

For these services the Health Officer should be paid. For their efficient performance a certain amount of preparation is needed, a certain fitness usually represented by the educated and experienced physician; nor can they be suitably done without the expenditure of a certain amount of time, which, to the medical man, is more or less valuable. The public have no right to accept these services without at least a reasonable compensation, and, according this, they should expect faithful and punctual discharge of the duties required. It is quite possible that the failure on the part of the local authorities to appreciate the extent and importance of the work, and to designate a small but fair compensation therefor—a compensation commensurate with the population and resources of the town—has been the main cause of the frequency with which the provisions of the statute have been disregarded.

Money thus expended is not lost. Even as an investment it cannot be regarded unprofitable, for if, as it has been estimated, for every death there are at least twenty-five cases of sickness, and if to the money value of a human adult life there be added the cost of sickness, it requires no extraordinary degree of sagacity to estimate the saving capable of being effected by the reduction of the death and sickness-rates by judicious sanitary observances. That such is the result to be reasonably expected from a strict compliance with hygienic rules, the history of the world, and especially of recent times, conclusively shows.

The law under consideration was not designed to apply to cities and towns whose health ordinances had been already established by law. Such is the case with several incorporations by whose charter the Board of Trustees themselves were constituted a Board of Health. Yet even in such cases the importance of a Health Officer to give special attention to matters affecting the public health is equally urgent. There need, therefore, be no conflict between the chartered authority of cities and the statute. Both aim at the same general result, and this result will depend upon the interest and zeal mani-

fested in the work, and upon the liberality by which it is sustained and encouraged.

In thus presenting the subject to your consideration, the State Board of Health are actuated by a desire to awaken such an interest in the sanitation of the State as may lead to practical benefit, and to enlist the coöperation of the Boards of Health of every incorporated city or town in what it believes to be one of the most important duties imposed upon them in their official capacity.

In promoting an object so essential to the general welfare, the State Board will hold themselves in readiness to render any assistance in their power. In this respect California is far behind her sister States. Shall it longer be said of her that she remains inappreciative of what, in the judgment of the most enlightened people, affects the highest interests of States?

With this circular a series of questions will be received, which the State Board of Health will feel under obligations to the Clerk of the Board, or the Health Officer, if there be one, to answer and forward to the Secretary, at Sacramento, as soon as convenient. It is important that the facts embraced therein should be fully known in order that the State Board of Health may:

First—Place themselves in communication with all established health organizations, as they are required to do by law;

Second—That they may be able the better to appreciate the conditions locally existing throughout the State having any bearing upon health; and

Third—That, by the mutual interchange of thought and effort between the State and local Boards, a greater interest may be awakened, and a more cordial coöperation secured.

Respectfully submitted for the State Board of Health.

F. W. HATCH, M. D.,
Permanent Secretary.

SACRAMENTO, January 21, 1884.

EXTRACTS FROM THE POLITICAL CODE OF CALIFORNIA, RELATING TO BOARDS OF HEALTH.

Board of Health to be established in incorporated towns and cities.—Duty of Board.—Trustees may adopt Articles III and IV.

[Amendment to Section 3061, approved March 19, 1878.]

SEC. 3061. It shall be the duty of the Board of Trustees, Council, or other corresponding Board, of every incorporated town and city of this State, to establish, by ordinance, a Board of Health for such town or city, to consist of five persons, one at least of whom shall be a practicing physician and a graduate of some reputable school of medicine, and one, if practicable, a civil engineer. The members of the Board shall hold their offices at the pleasure of the appointing power. Every local Board of Health established in this State must:

First—Supervise all matters pertaining to the sanitary condition

of their town or city, and make such rules and regulations relative thereto as are necessary and proper, and not contrary to law.

Second—Report to the Secretary of the State Board of Health, at Sacramento, at such times as the State Board of Health may require:

a. The sanitary condition of their locality.

b. The number of deaths, with the cause of each, as near as can be ascertained, within their jurisdiction, during the preceding month.

c. The presence of epidemic or other dangerous, contagious, or infectious disease, and such other matters, within their knowledge or jurisdiction, as the State Board may require.

The Trustees, Council, or other legislative Board, by whatever name known, of any incorporated city or town of this State may, by ordinance, adopt any portion of Articles III and IV of this Chapter, or either of them, for some definite period of time, as may seem proper for the regulation of sanitary matters within their town or city.

SEC. 2. This Act shall not extend to any incorporated city or town, or city and county, for which health regulations are provided by special statutes.

May appoint Health Officer in lieu of Board.

SEC. 3062. In the place of appointing a Board of Health, the Board of Supervisors, or the city or town authorities, may appoint a Health Officer, with all the duties and powers of the Board of Health and Health Officer, as specified in the two preceding Articles.

Per capita or property tax, how levied.

SEC. 3063. All necessary expenses of enforcing this Article are charges against the counties, cities, or towns respectively, for the payment of which the county, city, or town may levy a per capita tax of not exceeding three dollars, or a property tax of not exceeding one fourth of one per cent yearly, until the same is paid.